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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) 213201.00186
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I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: HUSKY INJECTION MOLDING SYSTEMS, LTD.

and the title of my position with said assignee is: _____

The entire title to the patent identified below is vested in said assignee.

Inventor Pierre GLAESENER	Citizenship LU
Residence/Mailing Address 40 Rte de Mersch L-7780 Bisson Luxembourg	
Inventor	Citizenship
Residence/Mailing Address	
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.	
Patent Number 6,439,876	Date of Patent Issued 08/27/2002
Title of Invention INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM DISTRIBUTION OF CLAMPING FORCES	

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

the specification of which

is attached hereto.

was filed on October 30, 2003 as reissue application number 10 / 696,509
and was amended on October 30, 2003
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.
 by reason of the patentee claiming more or less than he had the right to claim in the patent.
 by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/52 (07-03)

Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)										
At least one error upon which reissue is based is described as follows:												
Column 3, line 61, delete "second stationary platen" and insert therefor "clamp block"												
Every error in the patent which was corrected in the present reissue application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the applicant.												
I hereby appoint:												
<input checked="" type="checkbox"/> Practitioners at Customer Number: 27160		OR										
<input type="checkbox"/> Practitioner(s) named below:												
<table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Name	Registration Number								
Name	Registration Number											
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.												
Correspondence Address: Direct all communications about the application to:												
<input checked="" type="checkbox"/> Customer Number: 27160		OR										
<input type="checkbox"/> Firm or Individual Name												
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City		State	Zip									
Country												
Telephone		Fax										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.												
Full name of person signing (given name, family name) Dirk Schlimm, V.P. Corporate Affairs												
Signature		Date										
Dirk Schlimm March 7, 2005												
Address of Assignee												
500 Queen Street, South, Bolton, Ontario CANADA L7E 5S5												